



BUSINESS PARTNER AUTOMATION RENEWAL APPLICATION

SITE ID NUMBER

OL NUMBER

ALL INFORMATION WILL REMAIN CONFIDENTIAL. PLEASE TYPE OR PRINT CLEARLY.**I. APPLICATION FOR BUSINESS PARTNER AUTOMATION RENEWAL— ☐ First Line ☐ Second Line ☐ Service Provider**

DOING BUSINESS AS (DBA)

STREET ADDRESS

CITY

STATE

ZIP CODE

INTERNET/E-MAIL ADDRESS

DAYS AND HOURS OF OPERATION

II. SECURITY INFORMATION

I certify there have been no changes to the security documents or floor plan submitted. (If yes, the security documents and floor plan, with the changes, are required.) ☐ Yes ☐ No

III. TYPE OF OWNERSHIP

IRS FEDERAL TAX ID #: _____

☐ Sole Owner ☐ Partnership ☐ Association ☐ Corporation ☐ Limited Liability Company (LLC)**IV. OWNER/CORPORATION NAME AND ADDRESS, IF DIFFERENT FROM ABOVE**

NAME OR FIRM

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE TELEPHONE NUMBER
()OFFICE FAX NUMBER
()**V. CONTACT PERSON (Must be authorized designee of the firm.)**

NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICE TELEPHONE NUMBER
()OFFICE FAX NUMBER
()**VI. AGENT FOR SERVICE OF PROCESS**

NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

VII. ESTIMATED VOLUME OF TRANSACTIONS YOU WILL PROCESS ANNUALLY

NEW VEHICLE REPORTS OF SALE

REGISTRATION RENEWALS

REGISTERED OWNER TRANSFER

SALVAGE

JUNKS

NON-REPAIRABLES

VLF REFUNDS

VIII. NAME OF EMPLOYEES WHO PROCESS APPLICATIONS (Attach additional paper, if necessary)

EMPLOYEE NAME

EMPLOYEE NAME

EMPLOYEE NAME

EMPLOYEE NAME

IX. IF YOU ARE NOT A CALIFORNIA LICENSED DEALER, BUT WILL BE PROCESSING NEW VEHICLE REPORTS OF SALE FOR A DEALERSHIP(S), PROVIDE THAT DEALERSHIP(S) INFORMATION BELOW (Attach additional paper, if necessary)

DEALER NUMBER

DEALER NAME

TELEPHONE NUMBER
()

ADDRESS

CITY

STATE

ZIP CODE

X. ALL PHYSICAL LOCATION(S) AND BRANCH LICENSE NUMBER(S) WHERE DMV INVENTORY (License plates, stickers, paper) WILL BE MAINTAINED

BRANCH LICENSE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

XI. CERTIFICATION***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

THIS DOCUMENT IS EXECUTED AT

CITY

COUNTY

STATE

DATE

SIGNATURE OF AUTHORIZED AGENT

FIRM NAME

X

PRINTED NAME OF AUTHORIZED AGENT

TITLE

TELEPHONE NUMBER
()

RETURN COMPLETED APPLICATION TO: Department of Motor Vehicles, Business Partner Automation Program, MS E383, PO Bx 825393, Sacramento CA 94232-3280